

“Suddenly, eight years went by”: young women’s lived experiences of residential care and transition-to-adulthood programs

Daniel Ortega Ortigoza^{a,*}, Angelina Sánchez-Martí^b

^a Universitat Autònoma de Barcelona, Department of Applied Pedagogy, Plaça del Coneixement, Building G6, Office 266, Campus de la UAB, 08193 Bellaterra (Cerdanyola del Vallès), Barcelona, Spain

^b Universitat Autònoma de Barcelona, Department of Applied Pedagogy, Area of Research Methods and Diagnosis in Education, Plaça del Coneixement, Building G6, Office 261, Campus de la UAB, 08193 Bellaterra (Cerdanyola del Vallès), Barcelona, Spain

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ABSTRACT

The transition to adulthood of youth leaving residential care has attracted increasing interest in recent years, although there are still many gaps in our understanding of their experiences, especially with regard to young women. These young people face unique, multifaceted challenges that deepen their vulnerability. This phenomenological study, based on interviews, focuses on the experiences of young women leaving residential care programs in Catalonia, Spain. Findings reveal that the support offered is perceived as insufficient and discontinuous, mostly focused on technical skills, while omitting emotional and social factors that are crucial for overall development. Shortcomings in support systems, revealed by a lack of comprehensive, personalized policies, can lead to institutional abandonment and further victimization. These deficiencies, worsened by the high turnover of care staff and the resulting lack of continuity in support, hinder the young women’s autonomy and emotional wellbeing in their transition to adult life. It is concluded that a caring approach should be adopted not only for aid and direct intervention, but also as a principle guiding the young women’s departure from care in order to counteract the hasty, unstructured processes of transition to adulthood that continue to mark their lives.

1. Introduction

The transition to adulthood of youth leaving out-of-home care—including foster, kinship, and residential group care—has been the subject of growing interest in recent years, as shown by an increase in research both internationally (Brady et al., 2025; Courtney & Hook, 2017; Heerde, Hemphill, & Scholes-Balog, 2018) and within Spain (Gradaille, Montserrat, & Ballester, 2018). In the Spanish child protection system, residential care refers to a protective measure involving a child’s placement in a care facility, separating them from their family of origin while the circumstances that led to neglect or maltreatment persist (Rodríguez et al., 2020). Despite being one of the most widely used protective interventions in Spain (Bravo, Martín, & Del Valle, 2022), one important finding is that young people leaving residential care tend to experience the poorest outcomes in adulthood compared to those leaving foster or kinship care, with disadvantages observed in the areas of health, employment, housing, and social relationships (Sacker, Murray, Lacey, & Maughan, 2021). However, there are still significant gaps in our understanding of these youths’ experiences, especially

regarding young women, who have been the subject of fewer studies (Camacho, 2023).

Young people leaving residential care in Spain face unique, multifaceted challenges that deepen their vulnerability (Sevillano-Monje et al., 2025); a pattern that closely mirrors the experiences of care leavers in other OECD countries (OECD, 2022). Such challenges range from a relative or total absence of family networks (Goig & Martínez, 2019) to irregular educational paths, leading to low academic achievement (Montserrat et al., 2011; Perojo, 2014). Youth leaving care on reaching the age of majority also face housing instability (Rutman & Hubberstey, 2018) and difficulties in finding and keeping stable employment (Sevillano-Monje, Ballesteros-Moscós, & González-Monteagudo, 2021). There is also international agreement on the need to extend the length and scope of support systems for young people in their transition from care in order to reduce the risk factors they face (Harder et al., 2020; Strahl et al., 2021; Van Breda et al., 2020). As a result of all these factors, young care leavers are at risk of social exclusion (Gilligan & Arnau-Sabatés, 2016), which in some cases leads to them falling into the hands of the criminal justice system (Martín,

* Corresponding author.

E-mail addresses: Daniel.Ortega@uab.cat (D. Ortega Ortigoza), Angelina.Sanchez@uab.cat (A. Sánchez-Martí).

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González-Navasa, & Domene-Quesada, 2021).

In tackling this problem, one key to the success of young people leaving residential care, in the areas of education, work, and attaining independence, has been found to be adequate extended care. In this context, “care” is understood not only as the continuation of support into early adulthood, but also as an interpersonal relationship in which bonding plays an important role (Bàrbara, 2009). Such relationships help build emotional security and trust, and this in turn fosters the development of wider support networks that can offer guidance, opportunities, and resources that are essential for navigating education and employment pathways (Herrera-Pastor et al., 2022), ultimately helping young people make a successful transition to adult life.

The importance of extended care appears in various areas. In education, Courtney and Hook (2017) found that former foster youth receiving support up to the age of twenty-one showed a higher probability of educational success. This is a particularly important factor, since the irregular educational paths of youth in care often make it difficult for them to overcome the risk of social exclusion (Perojo, 2014). Achieving educational goals enables them to move beyond the social and family issues that prompted state guardianship through the opening of a child protection file (Fernández-Simó, Cid-Fernández, & Carrera-Fernández, 2022). Similarly, focusing on work prospects, Artamonova et al. (2020) argue that it is essential to provide young people with advice so that they can continue their higher education, contact employers, find jobs and support themselves.

1.1. Transitions to adulthood among youth leaving residential care

Every year in Spain, several thousand young people leave residential care, primarily when they reach the age of eighteen, with increasing legislative and practical efforts to support their transition to independent living, particularly in Catalonia (Bravo, Martín, & Del Valle, 2022). This contrasts starkly with most young people in the country, who tend to leave home much later (Troncoso & Verde-Diego, 2022). While some care leavers may have access to limited post-care support programs up to the age of twenty-one, these opportunities are not guaranteed for all. Thus, according to the Emancipation Observatory of the Spanish Youth Council (*Observatorio de la Emancipación del Consejo de Juventud en España*, 2023), youth leaving care face “emergency independence” between the ages of eighteen and twenty-one, much earlier than the national average of 30.3 years. Since in many cases they cannot go back to their family of origin, these young people face a forced, premature independence, with few support networks to ensure a secure, well-structured transition. This situation not only speeds up the transition process compared to other young people, but also makes it considerably riskier and more complex (Gilligan, & Arnau-Sabatés, 2016). According to Martín, Montserrat, and Crous (2023), this has disastrous consequences in the form of incomplete educational paths, high rates of unemployment or precarious employment (Montserrat et al., 2011), housing problems (Mann-Feder, & Govette, 2019), and low subjective wellbeing (Llosada-Gistau, Casas, & Montserrat, 2017). As a result, some studies have identified an increased risk of further victimization among the former residential youth population (Jiménez & Cantero, 2020), which often coincides with higher rates of mental health problems, lower emotional wellbeing, and a more negative self-concept (Gullo et al., 2023).

In view of this, Spanish legislation has attempted to foster youth independence through changes in the residential care system (Organic Law 26/2015). However, resourcing and implementation are uneven, and vary among regions in line with economic disparities, budgetary constraints, and even political differences (Sevillano-Monje, Ballesteros-Moscio, & González-Monteagudo, 2021). For example, while some regions prioritize economic and housing support, others focus more on providing orientation for the labor market or training in basic skills and competencies for youth autonomy (Sevillano-Monje & Sanz, 2022). So far, however, these programs (not in themselves above criticism) often

lack a sound overall base, particularly in social, emotional, and educational approaches that would ensure a satisfactory transition to the outside world (Cassarino-Pérez et al., 2018). Cid and Simó (2014) argue that without a solid educational foundation, young people’s chances of achieving the academic qualifications needed to find a job and support themselves will be severely diminished.

Similar variations, in terms of legislation on youth leaving residential care and the varying models put into practice in the different Spanish regions, can also be seen on an international scale (Stubbs, Baidawi, & Mendes, 2023). This uneven international development of care provision requires further exploration from the viewpoint of young people’s experiences, so that we may deepen our understanding of the impact it has on their transitions to adulthood.

1.2. Being a young woman leaving care and making the transition to adulthood

As Martín, Montserrat, and Crous (2023) found, there are also important gender-related differences in the experience of youth in state residential care. For example, some studies highlight the overrepresentation of LGTBQ+ youth in the system and point to their distinct needs, some related to gender identity and expression and others to sexual orientation (López et al., 2021). Meanwhile, other studies, such as Foradada (2021), show the importance of social capital among young women in state residential care as a resource for dealing with gender-based violence and other forms of gender-specific vulnerability in these settings.

While emotional and behavioral problems are generally widespread among the residential care population (Bravo, Martín, & Del Valle, 2022), several studies also reveal gender differences in this area. Some show that emotional problems often manifest as behavioral acting-out in boys (Sonderman et al., 2021), while girls are more likely to experience vulnerability associated with mental health issues and/or disruptive behavior (López et al., 2013). Studies also report that girls in residential care tend to score lower than boys in subjective well-being (González-García et al., 2022). Moreover, young women in care experience higher rates of pregnancy compared to their peers in the general population, and this can significantly affect their mental health and further complicate their transition to adulthood (Zárate, Arnau-Sabatés, & Sala-Roca, 2017). Also, studies such as Colbridge, Hassett, and Sisley (2017) point to factors such as exploitation and sexual abuse as risk factors for young people moving through the residential care system, with higher prevalence among young women. These experiences are closely linked to heightened vulnerability in adulthood, including increased risks of mental health issues, housing and employment instability, and difficulties in forming safe, supportive networks (Gullo et al., 2023). These outcomes have been widely documented in the literature and are often shaped by gendered patterns of violence and systemic neglect that disproportionately affect young women.

Although gender-related challenges among youth leaving residential care have gained increasing attention, there remains a lack of research specifically centered on young women’s journeys. In particular, little is known about how they interpret their own experiences and how these experiences shape outcomes in adulthood (Havlicek & Lansing, 2024). The objectives of our study, therefore, are to interpret the experience of young women in transition-to-adulthood programs prior to leaving residential care, paying particular attention to their perceptions and the meanings they attribute to the educational, emotional, and social support they have received. The study also seeks to explore potential situations of further victimization these young women have undergone (defined as increased vulnerability to further trauma or victimization either during or after leaving residential care), and which in turn have shaped their experience of emancipation.

2. Materials and methods

In order to interpret the experiences of the young women leaving residential care, a qualitative interpretative phenomenological study was carried out. Participants' experiences formed the raw data for description, reflection and interpretation. Based on Maxine Greene's (1995) approach, the focus was less on whether the experiences narrated had happened as they were described than on whether they were true in terms of the lived meanings of those recounting them. Greene emphasizes the importance of imagination and empathy in entering the lived worlds of others, suggesting that the value of such narratives lies in how individuals shape and make sense of their realities. This approach helped us build empathetic relationships with the young women, on the basis of which we were able to gather detailed narratives about their experiences in transition-to-adulthood programs.

The instrument used was a phenomenological interview, designed around a core question to elicit rich, in-depth narratives grounded in the participants' lived experiences: "Now that you've come of age, to what extent do you think the system has solved the problems due to which you were placed in residential care, and at the same time responded to your current needs?" On the basis of this question, the interview was organized around five major topic areas (Fig. 1): placement history (e.g., How many times were you moved? What were the reasons for these changes?), social and human capital (e.g., Who do you turn to for support?), social and educational support (e.g., Were there people who guided you in your education or daily life?), therapeutic and psychological support (e.g., Did you receive therapy while in care? How did you experience it?), and the educational path (e.g., Did you feel supported in your studies? What challenges did you face in school?). These topics guided the interviews while keeping the flexibility central to the phenomenological approach, enabling participants to shape the

conversation based on what they saw as meaningful.

2.1. Participants

With help from the State Federation of Entities with Projects and Assisted Flats (FEPA, in its Spanish initials), young women were contacted who had left residential care facilities managed by non-profit organizations included in the emancipation programs of the Area of Support for Out-of-Home Care and Ex-Out-of-Home Care Youth (*Àrea de Apoyo al Joven Tutelado y Extutelado*), part of the General Council for Attention to Children and Adolescents (*Direcció General de Atenció a la Infància y Adolescència*, DGAIA) of the Catalan regional government (*Generalitat de Catalunya*), Spain. The main criterion in our choice of participants was that they should have diverse backgrounds and care pathways, thus yielding a wide range of viewpoints on the process of leaving the care system (Patton, 2002). Using pragmatic sampling (Emmel, 2013), we made strategic, context-sensitive decisions to recruit participants with varied profiles, thus ensuring flexibility in the selection process. Coordination with DGAIA personnel who were familiar with the young women's backgrounds and care pathways helped identify potential participants representing a broad range of experiences. These care workers played a key role in helping us recruit young women whose profiles indicated diverse perspectives on the process of leaving care. This approach conformed to the principle of theoretical saturation (Bernard, 2011), resulting in a sample of twelve young women between eighteen and twenty-four, who, at the time of the interviews, presented significant diversity in terms of their origins, paths into and through residential care, and educational backgrounds. None of them had become mothers at that time.

Of the twelve participants, seven were of Catalan or Spanish origin, while four were from Morocco and one from France. In terms of their

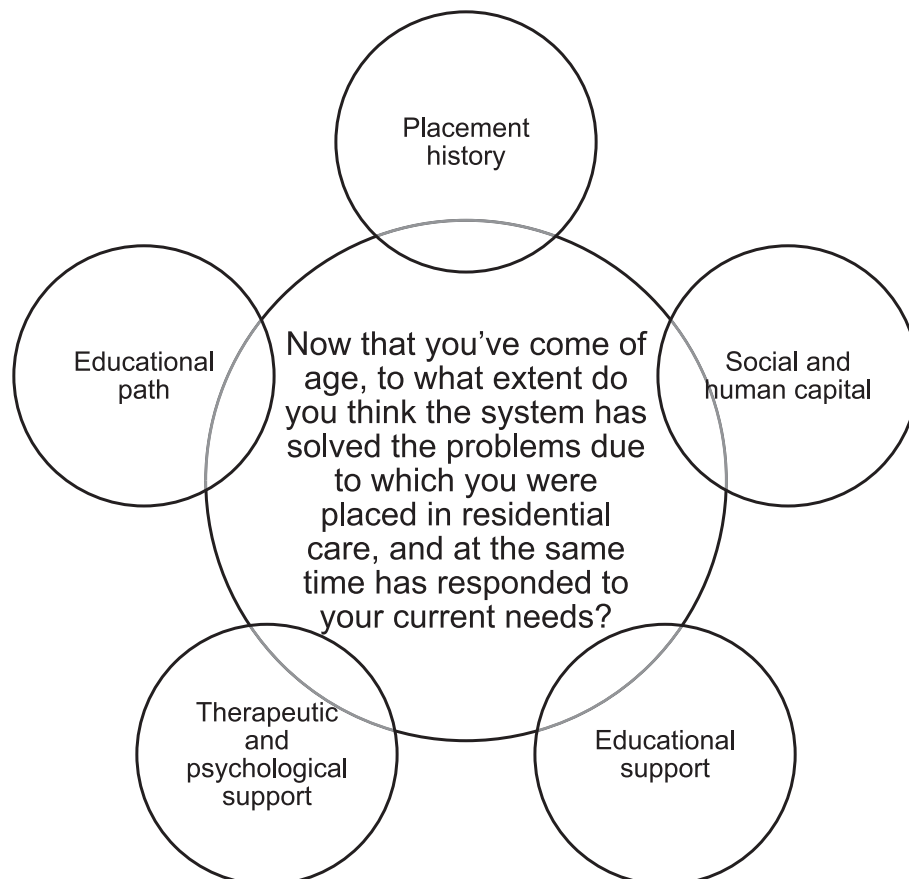


Fig. 1. Topics of the phenomenological interview.

placement histories, nine were in Residential Centers for Educational Action (CRAE in their Spanish initials), with experiences in residential facilities of different sizes, ranging from small ones to large-scale twenty-place centers. In Catalonia, CRAEs provide for children and adolescents, typically between the ages of three and eighteen, who are declared to be in a situation of neglect or at risk and are under local government guardianship. Some had gone through multiple institutions, from emergency hosting facilities to independent apartments (see [Sevillano-Monje & Sanz, 2022](#), for a detailed description of these facilities). For seven participants, the biological family was their initial support network, while three had no family members in the country, and two had migrated but had access to family members. In terms of their education, participants covered a wide variety of settings, from professional diplomas (one) to higher education (three), including various intermediate (four) and higher (four) vocational training courses. All were studying at the time of interview, except for one who was unemployed.

2.2. Analysis of lived experiences

A phenomenological thematic analysis was carried out using the habitual approaches of this type of methodology to extract the structures of meaning of experience as it is lived, specifically through *epoché* (setting aside prior assumptions in order to view participants' experiences without prejudice) and *reduction* (returning to the essential meanings of these experiences without imposing preestablished theories on them; [Folgueiras-Bertomeu & Sandín-Esteban, 2023](#)). Prior to analysis, the interviews were transcribed verbatim, and then coded inductively and thematically using CAQDAS Atlas.ti 25 software. This initial phase of the analysis included organizing the data according to three main criteria: (1) placement history (stays in less than two facilities, in more than two, and participants with mixed or hybrid care experiences, including both residential and kinship care); (2) origin (born in Spain, migrants without family networks, and migrants with some type of support); and (3) educational qualifications (students at university, those in intermediate vocational training, those in higher vocational training, and those with professional diplomas). Rather than aiming at mere categorization, this exploratory phase allowed critical reflection on the nuances and complexities of participants' lived experiences, prioritizing questioning over description, and enabling us to rethink social and educational support from a perspective that integrated individual experiences into broader social structures, thereby recognizing and responding to the complex specific situations of the young women leaving residential care. Coding was conducted independently by both authors, who then discussed and resolved discrepancies collaboratively to ensure consistency. A codebook was developed iteratively during this process, grounded in the data and refined through ongoing dialogue. The study was approved by the University Research Ethics Committee (UAB-CERec148), and guaranteed participant anonymity and data confidentiality.

3. Results

3.1. Confusion, lack of transparency, and prolonged lack of protection since removal from the family of origin

Participants frequently described feelings of helplessness and confusion from the initial moment of separation from their family of origin, even before their entry into the care system. Analysis of their experiences independently of their placement history indicated that these perceptions – which manifested in tension and states of constant alertness – created persistent feelings of helplessness and vulnerability that had an impact on various stages of their lives. For example, a young university student with a relatively stable path through the system told us:

I was in a French class and a man came, who I think was the school social worker or integration worker. He took me out of class and said: "You need to get into this van because you're going to a juvenile center". And I was like, because my brothers were in the same high school, I said, "Can I go say goodbye to them?" they said no [...], that I'd see them in a few days. I asked where I was going, and they said they couldn't tell me. I got into the van [...]. Eight years have passed and I haven't seen them again. (E8)

Even in the case of more stable paths, there were very clear breaks. One of the most alarming settings of further victimization was in court cases over child protection measures, where there was a clear lack of information and consideration for minors. Young women with stays in more than two facilities tended to report worse experiences of victimization in these contexts. Thus one higher vocational training student with multiple changes of center reported:

It wasn't really clear to me. What I more or less knew at the time was... okay, I told the police I preferred not to be with my parents, and that's it. They told me nothing. I left. [...] The first day you have to go to testify. Although I had more support, between quotation marks, everything was really full-on because I arrived at the center and went straight to the trial where my parents were! [...] Who in theory are the people I shouldn't see. [...] And they took me there. They could testify before I went in, and they made me testify in front of them and I said, "I'm not going to say anything", because if I'm in front of the people who made me leave home, I'm not about to say stuff against them. They're still my parents. [...] They ended up inventing a whole story about abuse and self-harm and I don't know what. Because they were the only ones with a lawyer and obviously the lawyer was going to defend my parents. (E3)

The young women perceived a lack of information about why they were taken into care during their childhood and/or adolescence, and even about the type of measures adopted. Their accounts point to the inadequate support system and the lack of sensitivity they faced at crucial moments. The requirement to testify in the presence of the aggressors or with an absence of adequate legal representation perpetuates the cycle of trauma and contributes to further victimization.

It was during adolescence that participants said that they became more aware of the problems within the family that had required the state to assume guardianship. This perception was particularly acute among young women in university:

It all starts when you're just getting into adolescence. If you were already carrying shit around, it multiplies because you're trying to develop as a normal person and nothing makes sense, you don't understand anything". (E1)

There was, then, a perceived lack of transparency in institutional procedures, as well as an absence of trusted care workers to provide emotional and psychological support tailored to participants' needs, which in turn could cause further unease. Their testimonies showed that the experience of abandonment, described through the perception of a lack of information and support, caused a feeling of permanent distrust towards the protection system.

The time spent in care played a crucial role in this experience, with variations depending on the participant's place of origin. A young Spanish-born woman, speaking of her time spent in care, told us:

I was in residential care for eight years. I mean, I was a ten-year-old girl and my mother told me: 'It's a two-week camp'. And so, suddenly eight years went by. (E2)

Her comment illustrates the conflict between the expectations initially created and the harsh reality she faced, revealing how the promise of a brief period of guardianship turned into a prolonged experience of abandonment. Also, young migrant women, especially those without an existing family networks, faced additional challenges

stemming from uncertainty and lack of information. Another young woman, also with a background of multiple placement changes, stressed how uncertainty affected her experience, contributing to a sense of helplessness lasting for years:

When I came in, they assigned me a social worker from the EAIA [Service for Attention to Children and Adolescents], but the few times she came to meet with us, she was a really rude person. She never explained anything to you and left you feeling uneasy. When you asked for things, she wouldn't give them to you. She'd tell you to "come and enjoy your vacation" and that at some point, in about six months or a year, you'd go home. (E5)

The young women felt that the state had not looked after their interests, failing to comply with Law 26/2015 on the modification of the system for the protection of children and adolescents. This perception was common to all participants, regardless of their level of education or path through the system.

3.2. *Crazy! bad! delinquent! stigma and the psychological consequences of inadequate support*

Although the protection system provided certain forms of support, it became clear that childhood and adolescence were critically difficult stages in the young women's lives. Many reported feeling watched and judged while they were in residential care, indicating an internalization of stigma that sometimes led them to hide their social, family, or residential situation:

When people see us coming in, because I look really normal, I can pretend. Maybe they think that I've lived an ordinary life or whatever, and that I haven't suffered so much. Although when I tell them, they look at me with pity. (E10)

The low visibility of young women formerly in residential care was particularly clear in community and social settings. The stigma of living in a care facility increased in these situations, creating negative associations around the young women, and this triggered not only a sense of isolation but also further victimization in daily life. Those who had experienced multiple placements seemed to be particularly sensitive to these social prejudices, as we see from this testimony:

Where I saw the most prejudice was among the local residents and people round the center. They were like, "People from centers make trouble" – that's typical – and, "They're bad". People even get paranoid, they even say, "They mistreat their parents and that's why they're in the centers". (E3)

Despite this stigma, the young women adopted resilient attitudes, especially in the academic sphere, these attitudes being more noticeable among those with higher education. In their stories, they repeatedly stated that they did not want to reproduce the family patterns that had given rise to the risk factors leading to their stays in residential care: "I knew I wanted to have a future [...], a life different from my parents, so I started to study more" (E12).

Further situations of victimization were described relating to the lack of therapeutic support aimed at meeting their needs through a comprehensive, individualized approach. Some participants reported having experienced anxiety, depression and loneliness, particularly young migrant women and those without family networks. Despite receiving support, they did not feel understood, and their problems were minimized by educators, thereby exacerbating their suffering:

I had a really, really serious problem. And the rule was: "When you get back from running away, you get punished". Like, you can't eat with everybody, they isolate you, you sleep alone for two days or so, and you have to clean the whole center. And when I came back, it was this plus what I already had. I was sick of everything, I was really bad, and when I came back, it was a Sunday, they made me clean the

toilets, they didn't feed me, I was alone, they treated me badly. It was supposedly so that we wouldn't run away anymore, but for me that... (E6)

The lack of adequate therapeutic help not only left unaddressed the emotional and psychological consequences of parental neglect or abuse, but in many cases contributed to aggravating them. These feelings, experienced amongst all participants regardless of their differences, were produced both by the type of therapeutic care received and by the scheduling of therapy sessions. Their accounts illustrated this perceived lack of care, revealing a perception of emotional abandonment even within a system designed to provide protection, but with structural limitations that prevent a deep, sustained approach:

There was a psychologist – I think she was in the public system – because though the first visit was an hour, the following visits were only half an hour every two months and it wasn't worth it. That's why I had to go to another one because in half an hour I only had time for what had happened to me yesterday. I didn't have time to explain what had happened to me in the other two months. Besides, after two months, how am I supposed to remember what I'd told her? (E4)

The psychological impact of experiences in care institutions and the consequences of parental neglect and abuse also resulted in internalized patterns of behavior and coping attitudes. Young women with multi-placement paths and those with lower levels of education appeared to be particularly vulnerable to this. The following testimony reflects a coping pattern based on resistance and silence, probably adopted to endure situations of lack of protection. However, this pattern, although it may have worked in a crisis, was detrimental in the long term:

Maybe I've put up with a lot of stuff and it's all weighing me down. I haven't really thought about it, but it could be true, what they told me. To put up with so much and never say anything, well, it must have weighed on me, and a lot of changes have come all at once, and it's been harder, because it's a role I took on. If I put up with things, nothing ever happened. (E5)

In the end, the accumulation of emotional and psychological consequences could even lead to thoughts of suicide. One participant explicitly described this experience:

I started to develop depression very young, but I was diagnosed at sixteen. My psychologist told me that my self-esteem was at rock bottom [...]. I told her: "I looked for ways to die, but all I got was the fucking Telephone of Hope and no reasonable ways to die". But I didn't phone them to find help, I wanted to find out how to die. [...] and I'd have missed some really good things in my life, thank God, but I just couldn't carry on. (E1)

This testimony highlights the severity of the psychological issues that the young women had to deal with, as well as the hopelessness resulting from the lack of adequate support.

3.3. *Leaving residential care: When the functional displaces the human*

Participants' testimonies revealed that existing independent living programs, designed to help care leavers make the transition to adulthood, had an overwhelmingly practical focus. Rather than offering comprehensive psychological, and social care, they focused on providing basic resources such as training, housing and employment, leaving aside critical needs in the areas of emotional and psychological support and personal development, as we have seen. This shortcoming directly undermined the young women's ability to build full independence, once again negatively affecting their mental health and their chances of social inclusion.

It was constant: Look for courses, look for courses. Go here, go there. I had just left the center where they helped me with a lot of things

and went with me everywhere, and now you're telling me that I have to go to some place to ask for a course, and all the way across town to ask for some another thing... instead of helping me to get my head straight, to be emotionally stable, and from there, get back on track with my studies. (E3)

In this area, participants reported pressure to further their education, despite their mental condition being hampered by the emotional baggage resulting from their lives and family experiences. This pressure created a conflict between their real needs and institutional expectations, as illustrated by the frustrated testimony of this young woman with multiple changes of placement:

Shit! Can you help me a little bit on this? I think it's understandable to be unwell and not be able to carry on studying. And they were like, "You have to find somewhere". Anything! [...] They were constantly banging on about "courses": look for courses and I don't know what. You have to go I don't know where. Instead of helping me to settle down, to be emotionally well and from there to get to a point where I could pick up the thread of what I was studying before. (E7)

It was clear from participants' stories, therefore, that the support received was more focused on tangible goals such as achieving the material resources for the transition to adulthood, rather than providing individualized care, which is particularly challenging for young women with more complex experiences.

Another critical element in participants' testimonies had to do with the running of the residential centers, which tended to be large-scale institutions with high inmate-staff ratios, mainly focusing on routines and regulation rather than individualized care. These conditions made it difficult to adequately follow the young women's development, thus compromising the quality of their educational and emotional care. Their statements revealed a rigid, homogenized style of organization that, although it sought to establish habits, could be counterproductive, as it strengthened feelings of invisibility and depersonalization.

In my center there were thirty girls [...], and it's a really, really big house with two lounges [...]. That is, there was room; there were days with schedules. And they told you the routine you had to follow. [...]. All up at eight o'clock, right? We had to get ready. For example, if you didn't have breakfast, they gave you a red dot. After that, they made us do homework and the ones who didn't have homework had other activities, which were often photocopied worksheets, exercises and so on. (E4)

The lack of a safe space for talking about their experiences and emotions made participants feel isolated, especially young migrant girls and those without family networks. Many felt that they could not express their problems without being judged or treated as "crazy". This resulted in a lack of trust in the staff whose supposed role was to provide care:

They treated me as if I was crazy, they got mad, they started shouting. [...] My tutor, for example, as soon as I had that, stopped talking to me. The educator who was there at the time got mad; she said, 'You're crazy, what are you doing?'. (E6)

In addition, the young women stated that, once they reached the age of majority, care became even more precarious, thereby creating situations of vulnerability and potential further victimization. They reported that therapy sessions were limited in terms of access and time, leaving emotional processes incomplete and hindering their long-term psychological wellbeing.

At eighteen I ended up on the street with nowhere to go, and then the director said: "Why don't we get you a disability card¹?" Then the son of a bitch invented more and more stuff until they gave me a disability card. A 35 % personality limit. And I'm like: "They tested me a year or two ago and it didn't show anything wrong". So, I spent three months in a really bad way until they gave me the apartment. (E9)

Discontinuous care, then, reinforced these young women's vulnerability and contributed to further victimization by leaving them without support at critical moments in their early adult lives. In addition, the transition between systems introduced barriers that hindered their becoming independent.

3.4. Education "in shifts"

While the high turnover among education staff at residential care facilities created a perception of discontinuity and fragility in bonds with carers, the young women – particularly those with less complex paths through the system – valued positively the support provided by their educators (who took on a tutorial role, very similar to the parental role exercised in families):

I was lucky enough to be in the same CRAE [Residential Center for Educational Action] for a long time, with the same educators, so I bonded really well with them. [...] I still get on really well with my tutor". (E10)

I've had about five at the CRAE, some I felt really good with because they treat you well. I don't want to talk now, I need them to leave me in peace; they acted normally. (E11)

At the same time, their testimonies also highlighted the negative impact of staff turnover. In all cases, the lack of continuity among educators led to a "shift-education" style that, while providing some guidance, did not always allow time for the emotional continuity necessary to establishing deep bonds. This model, although useful in some ways, created the feeling of a fragmented, almost impersonal type of education, which not only affected the quality of care, but also contributed to the young women's sense of emotional insecurity.

It feels like you're being educated by the hour. I mean, in the morning so-and-so comes, then at lunchtime X comes, in the afternoon I don't know who. I've had a lot of changes of educators. Rosa [one educator], in this respect, she's had job stability, but the other educators haven't [...]. I mean, they'd leave, another one would come, etc. (E2)

Similarly to these experiences of discontinuity in relationships with educators, participants also described how frequent changes in placement disrupted their sense of stability and belonging. Moving from one residential setting to another made it difficult to build long-term, trusting relationships:

I had already made my life the, my friends at school and everything, and changing centers meant I didn't know anyone. I asked for permission to go back to Barcelona because I had no life there, no friends. They didn't let me because I was 14. (E6)

Beyond these disruptions in care and living arrangements, all participants emphasized the need for stronger coordination among the staff involved in their transition to adulthood. In particular, they stressed how the lack of communication between education and social care systems contributed to the feelings of misunderstanding, stigma, and

¹ In Spain, a disability card is an official document recognizing a certified level of disability. A 33% rating qualifies a person for certain social benefits. The "personality limit" here refers to a psychiatric or psychological diagnosis used to justify the disability.

instability mentioned above: “I needed to have a more stable situation in some areas to be able to communicate it properly to the teachers, to be able to communicate the whole situation in a certain way” (E3). This testimony again shows a structural lack of communication between the different educational and social actors responsible for their care.

However, the young women were able to build their own notion of care and belonging by staying in touch, after leaving the system, with educators who had become important to them. In their words, these were “trustworthy educators”, “who listen”, “who help”, “who respect you”, and “who support you but give you autonomy”. One example of this is the following account:

Now I don't see her a lot because she's moved, but we have this contact that maybe we would write to each other once a month, really great, you know what I mean? Sometimes I go to the center and Julio is there, he's a normal guy, but he's really glad to see me, you know? And so there's this contact of going to the center to see how things are going, to see the educators, the kids, etc. (E2)

However, these positive experiences, which depended on the individual initiative of some staff members, should not obscure the real lack of a more stable support structure, and thus the overall shortcomings of the protection system.

4. Discussion

This study highlights the difficulties faced by young women leaving residential care and making the transition to adulthood in the context of independent living programs in Spain, questioning – as in other countries – to what extent child protection systems are designed to help youth become independent and to reduce the accumulated risks (Cancel et al., 2020). Although some participants acknowledged that the care system had attempted to meet some of their needs, their accounts suggest a gap between the stated objectives of the system and its actual capacity to meet the complex, multifaceted needs of young women leaving residential care. In general, their experience, as shown by other studies (Havlicek & Lansing, 2024; Sacker, Murray, Lacey, & Maughan, 2021), was characterized by a sense of helplessness and abandonment, not only as they were taken into care but also throughout their institutional journey.

The lack of transparency around the reasons behind each care order contributed to further situations of victimization, reflecting a lack of adequate emotional and psychological support from the very beginning. The young women reported that they had experienced a lack of clear information regarding why they had been taken into residential care and what protection measures had been taken, which conflicts with both Spanish and international law on the protection of children and adolescents (i.e. Organic Ley 8/2021 on the Comprehensive Protection of Children and Adolescents). This prolonged lack of protection was exacerbated when they were forced to adapt to a system that did not meet their needs, and which reinforced their feeling of lack of protection and distrust in the system. Their stories reveal how “spirals of victimization” began during their transitions to life outside residential care, when, after overcoming situations of abuse or neglect in the family, they faced new forms of social exclusion, stigmatization, and emotional abandonment by the protection system, resulting in a cycle of vulnerability extending into their subsequent lives and, ultimately, in the normalization of violence.

Moreover, the current model of transition to independent living – a utilitarian, impersonal model, focused on tangible goals – seems to operate in an “accelerated independence” mode, in which young women are pressured to meet objectives without having the necessary emotional and psychological resources; and this creates a conflict between the expectations of the institutions and those of the young women. This not only limits their ability to develop full autonomy, but also perpetuates inequalities during their stay in the protection system. A merely pragmatic approach in residential care, coupled with a lack of continuity in

psychological support, reflects structural shortcomings and insensitivity to the needs of the young women in care, while perpetuating the social and psychological consequences of their previous experiences, as other studies have also found (Cameron-Mathiasen, et al., 2022). Thus, as Havlicek (2011) points out, opportunities to prepare young women for adulthood effectively are lost.

Our findings, therefore, suggest a change of model towards independent living programs that would prioritize young people's overall wellbeing, combining the development of practical skills with sustained educational, emotional, and therapeutic care. It is here that “caring” as a theoretical approach can play a crucial role, not only guiding direct intervention, but also as a basic principle for rethinking public policies aimed at enabling young women leaving residential care to become independent adults, and in order to counteract the hasty, unstructured processes of transition to adulthood that currently prevail. Noddings (1984) defines caring as a relationship characterized by genuine concern and emotional commitment to the other person; thus it is a relational and affective act that goes beyond providing basic services, as it prioritizes forging bonds that contribute to the care leaver's overall development and their inclusion in the community, as recommended in prior studies (Herrera-Pastor et al., 2022).

Incorporating this approach into policies for the transition to adulthood would involve a paradigm shift, in which institutional decisions and support programs would not be limited to covering functional issues and passive welfare provision, but would also include the emotional and caring dimension as a core feature of their social action. This would mean designing policies and initiatives based on recognizing young women's agency, on genuine concern for their wellbeing, and on building meaningful support networks that would encourage real social inclusion and continuous, flexible support, adapted to the young women's changing characteristics and needs (Pease, Vreugdenhil, & Stanford, 2018). This also coincides with Alan Dettlaff's (2023) critique of the child welfare system, which exposes how punitive, surveillance-based models often perpetuate harm, and calls instead for community-centered, supportive alternatives. Thus, policies and institutions would not only strive to lessen harm, but also to create real settings of refuge and personal growth that would enable young women in residential care to develop a true sense of belonging and community connection. In this sense, overcoming the system's current structural limitations involves developing more intersectoral, cooperative policies that can foster a culture of care in youth protection and transition to adulthood systems.

To this end, it would be beneficial for policies directed at care leavers to reconsider the residential care system itself, allowing for an extended period of care. As suggested by Strahl et al. (2021), this approach would help facilitate a smoother transition to adulthood, as evidence from many international studies stresses the positive effects of extended care in providing better outcomes for young care leavers (Van Breda et al., 2020). Such changes could offer more personalized support during this transition, by including a broader, more holistic view of the challenges faced by young people leaving care, embracing both practical and emotional needs (Sacker et al., 2021). Furthermore, this shift could also advance the concept of interdependence, as opposed to the traditional focus on self-reliance. As Storø (2018) remarks, fostering interdependence acknowledges that young people benefit from ongoing relationships and support networks, rather than being expected to navigate adulthood completely on their own. These changes would give rise to a more supportive model recognizing the importance of connection, cooperation, and mutual support during the transition to adulthood.

The main limitation of this study is in the sample design, since it was difficult to find young women who had been in the residential care system and would also agree to be interviewed. Contact was made through organizations with residential programs for young women previously in care, but most of those contacted expressed their dissatisfaction with the system and did not wish to participate. This sampling limitation has occurred in similar studies (Munford & Sanders, 2016) in which populations at higher risk or not receiving any type of service

were not represented; and this drawback can also be seen in related studies (Ben-Shlomo & Meir, 2024), although a consensus exists on the need for more research into the situation of children and adolescents in the protection system, despite obstacles to access (Chapman et al., 2004). Additionally, while this study intentionally focuses on young women to address a significant gap in the literature (Havlicek & Lansing, 2024), we recognize that many of the challenges identified may also be relevant across a broader spectrum of gender identities. Our study does not attempt to compare experiences by gender, but this remains an important area for future research. Such research should adopt a comparative, examining how gender –alongside other intersecting factors such as class, ethnicity, or legal status– shapes care-leavers' trajectories and access to support.

Future studies should combine the perceptions of young women in care with those of care staff in order to identify the factors that can make truly comprehensive support possible in the (always) difficult transition to adulthood. Another line of research for the future lies in the urgent need to rethink existing education and therapy in young women's residential care so that we can meet their emotional, psychological, and social needs appropriately. It is also essential to investigate ways of fostering the socialization of these girls and young women in the education system, thereby avoiding situations of further victimization and the increase of risk factors already present in this group.

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Ethical approval

Ethical approval for this project was given by the ethics commission of the Universitat Autònoma de Barcelona [UAB-CERec148].

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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